

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968174	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/10/2013
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Name of Facility

A - KOOLBREEZE CARE BOCA MANOR

Street Address, City, State, Zip Code

10705 ELAND ST
BOCA RATON, FL 33428

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0004</u> Reg. # <u>58A-5.016 FAC</u> LSC _____	Correction Completed	ID Prefix <u>A0007</u> Reg. # <u>58A-5.0181(1) FAC</u> LSC _____	Correction Completed	ID Prefix <u>A0008</u> Reg. # <u>58A-5.0181(2) FAC</u> LSC _____	Correction Completed
ID Prefix <u>A0167</u> Reg. # <u>58A-5.025(1) FAC</u> LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

Reviewed By

Date:

Date:

Signature of Surveyor

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of (CMS-2567) Sent to the Facility?

YES NO

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R																						
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(A 000)	Initial Comments A Second Follow-up to a Complaint Inspection Survey (CCR #2012009204) was conducted on at A-Koolbreeze Care Boca Manor in conjunction with a Complaint Investigation (CCR #2012012818). At the time of the survey, deficiencies were identified. The following deficiencies were corrected: A 0004, A 0007, A 0008 & A 0167 The following deficiencies remain uncorrected: A 0152 & A 0120 The facility received the following additional deficiencies: A 0079, A 0093 & A 0162 Please refer to separate report for findings regarding CCR #2012012818 survey.	(A 000)																								
A 079 SS=D	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: <table border="0"> <tr> <td>Number of Residents</td> <td>Staff Hours/Week</td> </tr> <tr> <td>0-5</td> <td>168</td> </tr> <tr> <td>6-15</td> <td>212</td> </tr> <tr> <td>16-25</td> <td>253</td> </tr> <tr> <td>26-35</td> <td>294</td> </tr> <tr> <td>36-45</td> <td>335</td> </tr> <tr> <td>46-55</td> <td>375</td> </tr> <tr> <td>56-65</td> <td>416</td> </tr> <tr> <td>66-75</td> <td>457</td> </tr> <tr> <td>76-85</td> <td>498</td> </tr> <tr> <td>86-95</td> <td>539</td> </tr> </table> For every 20 residents over 95 add 42 staff hours	Number of Residents	Staff Hours/Week	0-5	168	6-15	212	16-25	253	26-35	294	36-45	335	46-55	375	56-65	416	66-75	457	76-85	498	86-95	539	A 079		
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76-85	498																									
86-95	539																									

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5890

ZXOF13

If continuation sheet 1 of 17

Agency for Health Care Administration

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A 079	Continued From page 1 serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night. 4. At least one staff member who is trained in First Aid and _____ as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility. 5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least _____, must be designated in writing to be in charge of the facility. 6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement. 7. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182.	A 079			

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A 079	Continued From page 2 F.A.C. (c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident's care. (d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required. 1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency. 3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the	A 079			

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A 079	Continued From page 3 fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the assisted living facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. The findings Include: 1) Record review of the facility's staffing schedule posted in the entrance to the kitchen revealed it was dated 1 to 2012. Record review did not find any facility staffing schedules that were more recent than of 2012. 2) In an interview with staff #1 on at approximately 10:47 AM, she stated that she lives at the facility, so she does not really need a schedule. She stated that usually staff #2 comes in on the weekends and works part-time. She stated if she wants to take off a weekend, staff #2 comes in.	A 079			

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A 079	Continued From page 4 3) In a phone interview with the Administrator on at approximately 12:41 PM, she acknowledged the findings. Class III		A 079		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, ... and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a		A 093		

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A 093	Continued From page 5 registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months. (e) Therapeutic diets shall be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility. 2. The facility shall document a resident's refusal to comply with a therapeutic diet and notification to the resident's health care provider	A 093			

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A 093	Continued From page 6 of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident's responsible party refusing the diet is acceptable documentation of a resident's preferences. In such instances daily documentation is not necessary. (f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand. (h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness	A 093		

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A 093	Continued From page 7 authority. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Assisted Living Facility failed to ensure dietary standards were met. The facility failed to ensure all menus were reviewed annually. The findings include: 1) In an interview with Resident #1 on _____ at approximately 12:15 PM, he stated the facility serves enough food but he has a problem with variety and gets the same thing over and over and over. He stated they do not follow the menu. 2) Record review of the menu posted in the entrance of the kitchen revealed, it was signed and dated by a Registered Dietician (R.D.) on _____ Record review revealed a different facility name on the menu. Record review revealed the menu expired on _____ 3) In an interview with staff #1 on _____ at approximately 12:31 PM, she acknowledged the menu was expired. She stated the Administrator is supposed to get it changed. 4) In a phone interview with the Administrator on _____ at approximately 12:41 PM, she acknowledged the findings and stated okay. Class III	A 093			
A 120 SS=D	58A-5.021(1) FAC Fiscal - Financial Stability Fiscal Standards.	A 120			

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A 120	Continued From page 8 (1) FINANCIAL STABILITY. The facility shall be administered on a sound financial basis in order to ensure adequate resources to meet resident needs. For the purposes of Section 429.47, F.S., evidence of financial instability includes filed bankruptcy by any owner; issuance of checks returned for insufficient funds; delinquent accounts; nonpayment of local, state, or federal taxes or fees; unpaid utility bills; tax or judgment liens against facility or owners property; failure to meet employee payroll; confirmed complaints to the agency or district long-term care ombudsman council regarding withholding of refunds or funds due residents; failure to maintain liability insurance due to non payment of premiums; non payment of rent or mortgage; non payment for essential services; or adverse court action which could result in the closure or change in ownership or management of the ALF. When there is evidence of financial instability, the agency shall require the facility to submit the following documentation: (a) Facilities with a capacity of 25 or less: 1. Payment of local, state or federal taxes; 2. Delinquent accounts, if any; 3. Number of checks returned for insufficient funds during the previous 24 months, if any; 4. Receipt of resident rent payment; 5. Amount of cash assets deposited in the facility bank account; 6. Capability of obtaining additional financing, if needed; and 7. A statement of operations or AHCA Form 3180 1002, 1995, projecting revenues, expenses, taxes, extraordinary items, and other credits and charges for the next 12 months. (b) Facilities with a capacity of 26 or more, shall provide the documentation described in paragraph (a) above, or submit a current asset and liabilities statement or AHCA Form	A 120			

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A 120	Continued From page 9 3180-1003, 1998. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain written business records which accurately reflect the facility's assets, expenses and liabilities to ensure financial stability. The findings include: 1) Record review of the facility's income and expenses statement revealed the facility did not keep a monthly income and expenses statements. Record review found three blank income and expenses statements in the file. Record review revealed the facility had a policy and procedure in their files for all income and expenses. 2) In an interview with staff #1 on at approximately 12:29 PM, she stated she did not see any income and expenses statement that were filled out. 3) In a phone interview with the Administrator on at approximately 12:41 PM, she stated there is one there (income and expenses statement) that is totally filled out. She stated she (the Agency's representative) wanted two months of income and expense statements, for the month of and . She stated that was last year. She stated she knows it has to be done monthly but she has been using the bank statements and can produce that so that is what she has been using. Aformentioned was confirmed with the Administrator at 1 PM on , it was	A 120			

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A 120	Continued From page 10 revealed no further documentation was available for review. Therefore, the facility was unable to prove financial stability due to failure to ensure accurate business records were maintained at all times. Class III UNCORRECTED from	A 120			
152) SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to used in the	{A 152}			

Agency for Health Care Administration

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{A 152}	Continued From page 11 event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be _____ This Statute or Rule is not met as evidenced by: Based on observation and interview, the Assisted Living Facility failed to provide a safe living environment and an environment free of hazards. The facility failed to ensure all doors were properly equipped with door handles and locks. The findings include: 1) Observations on _____ at approximately 11:30 AM revealed the following. Sliding door in the kitchen that led to the outside patio did not have a handle or a lock on it, a hole where the handle should have been, staff #1 put her fingers through the hole to slide open the door, the hole had a sharp-like edge with the potential to cause bodily harm. Further observations found the sliding door led to a patio filled with patio furniture and an activity calendar posted. 2) In an interview with staff #1 on _____ approximately 11:31 AM, she stated the broke off sometime last month. She stated the Administrator is supposed to get someone to fix it. 3) In a phone interview with the Administrator on _____	{A 152}			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER A - KOOLBREEZE CARE BOCA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 10705 ELAND ST BOCA RATON, FL 33428		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
(A 152)	Continued From page 12 at approximately 12:43 PM, she stated the handle came off and they had to order it (her handy guy ordered it) and they could not get that one to fit it from the store. She stated it has probably been off for two weeks. Class III UNCORRECTED from A 162 SS=D	(A 152)			
	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. Race; 3. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider's orders for medications, nursing services, therapeutic diets, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.	A 162			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R
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A 162	Continued From page 13 (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident's health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident's contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for _____ Form, CF-ES 1006, _____, 1998, if the resident is an _____ recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort	A 162			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R
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A 162	Continued From page 14 to obtain the required documentation from the Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident's contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for	A 162			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R
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A 162	Continued From page 15 facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed to ensure 1 out of 4 (resident #2) resident records were properly maintained. The facility failed to ensure residents receiving assistance with activities of daily living shall have their weight recorded semi-annually. The facility failed to ensure residents receiving assistance with self-administration of medication sign a written informed consent. The findings include: 1) Record review of Resident #2's file revealed she was admitted to the facility on _____. Record review of resident #2's health assessment (AHCA Form 1823), dated _____, revealed she needed assistance with bathing, dressing, and toileting. Record review revealed the only weight taken of Resident #2 was on _____. Record review revealed Resident #2's file lacked any informed consent for unlicensed staff to assist with self-administration of medication. 2) In a phone interview with the Administrator on _____ at approximately 12:41 PM, she acknowledged Resident #2 did not have her weight recorded semi-annually and stated she thought they were doing that. She stated everybody should have the informed consent in their file because she made all the family members sign but she will have staff #1 double check.	A 162			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R
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A 162	Continued From page 16 3) In an interview with staff #1 on _____ at approximately 12.46 PM, while on the phone with the Administrator, she stated she could not find Resident #2's informed consent. She stated she _____ resident #2 with her medications. She stated she is not a nurse. Class III	A 162			



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
A - Koolbreeze Care Boca Manor
10705 Eland St
Boca Raton, FL 33428

Dear Administrator:

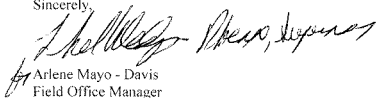
This letter reports the findings of a revisit survey conducted on 10, 2013 by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

All deficiencies shall be corrected no later than 2013.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

BBT7

